

DESCRIBE FULLY HOW ACCIDENT OCCURRED – WHAT YOU WERE DOING; MACHINE OR EQUIPMENT BEING USED; WHERE DID IT HAPPEN - ON GROUNDS, IN BUILDING (IDENTIFY); PART(S) OF BODY INJURED.

WHAT ACTION WILL YOU TAKE TO PREVENT THIS OR A SIMILAR INCIDENT FROM OCCURRING IN THE FUTURE:

- Seek additional training
- Be more aware
- Caution other employees about this situation
- Recommend an adjustment of the equipment involved
- Other _____

IS THIS YOUR FIRST ACCIDENT? YES NO

WITNESS (ES): _____

NAME(S) AND ADDRESS(ES) _____

EMPLOYEE SIGNATURE: _____

NAME OF SUPERVISOR YOU NOTIFIED: _____

DATE: _____

PLEASE GIVE TO YOUR SUPERVISOR IMMEDIATELY; IF YOU CANNOT, PLEASE CONTACT THE PERSONNEL OFFICE AT 524-3877 OR FAX TO 524-1520.